

# Montana State Hospital Family Handbook



**Montana State Hospital respects that in this day and age families come in many different forms. We recognize that people can choose and define who they consider to be their “family”. By acknowledging family to be “the people identified by an individual as essential to their wellbeing, comfort, protection and support”, we ensure that those who are significant in the lives of our residents have the privilege, responsibility and expectation of being involved in their loved one’s care.**



**Admission:** The hospital is in touch with the community mental health services before a person even arrives on our campus. This process allows the admitting professional to make a knowledgeable decision as to which treatment unit will be most appropriate for the admission and gives that unit time to prepare for the new arrival so his/her transition can be as smooth as possible. Upon arriving at the hospital a picture will be taken for identification purposes, demographic questions will be asked for the medical record, and a shower will be taken before the individual is taken to a treatment unit. The person's personal effects are then inventoried, logged and separated into three categories; items to be kept with the individual, items to be kept in unit storage and items to be kept in the hospital safe.

**Evaluation with Staff:** Within 24 hours of entering the hospital, the new arrival is assessed by a medical doctor, a registered nurse and a psychiatrist who each evaluate the individual's status. A social history and a rehabilitation assessment will then be completed within the first seven days at the hospital. The individual will meet with his/her treatment team, as a group or separately, each week throughout his/her initial commitment. Each residential unit has at least one treatment team which is comprised of unit staff including; a psychiatrist, a psychologist, a social worker, a rehabilitation therapist, a nurse manager, nurses and psychiatric technicians.

**Treatment Planning:** The treatment team will assign a member to meet with the individual and formulate a treatment plan that combines his/her wants with the team's treatment requirements. The treatment plan will list the primary problems, goals to alleviate the problem and objectives that will be used to achieve the goals and the interventions staff will use to support the individual during his/her hospital stay. This plan is then evaluated by the other members of the treatment team. The treatment plan will list the therapeutic activities the individual has requested and the team has recommended which will become the daily schedule. Each individual must have an active treatment plan within ten days of admission to the hospital.

**Release of Information:** The hospital staff is allowed to receive information about an individual from others but due to strict HIPAA (medical privacy) regulations staff must have a release of information form signed by the individual staying at the hospital in order to share personal information with family members. The hospital welcomes family involvement in all aspects of treatment but it is entirely at the individual's discretion as to how involved they will allow their family to be. Ideas to think about being involved with could include items such as, treatment planning, participating in treatment, therapeutic activity scheduling, discharge planning, providing ideas to help with re-integration into the home and continuation of treatment after discharge.

**Family/Treatment Team Contact:** The social worker is the primary source of treatment team contact. Any questions family may have can be brought to the social worker who will then coordinate the communication with the team. The social worker will also be an excellent resource for status updates and can facilitate a meeting with the treatment team upon your request.

**Patient Rights:** Everyone receives a copy of the "patient rights and grievance procedure" within three days of being on a treatment unit. Social work staff ensures that the rights and grievance procedure is understood and the individual knows how to take action if necessary.

**Religious Services:** The hospital has two chaplains who conduct worship services on Wednesday and Friday at 3:00pm. Visitors are welcome to attend services. The chaplains can be reached at the following numbers; Herbert Pins at 1-406-693-7187 and Tom Wood at 1-406-693-7188.

**Family Support Services:** The Family Services position was designed to ensure that families are getting the support they need while their loved one is in our hospital. The family services coordinator is responsible for helping families obtain information, resources, education and services; facilitating an open line of communication between families and hospital staff; resolving any problems or complaints; listening if you feel you aren't being heard, offering family support groups, and ensuring our hospital is as welcoming to families as possible. For assistance contact Vicki Wyant at 1-406-693-7203, vwyant@mt.gov, or page her at 1-406-497-9264 (just enter your phone number when asked and she will promptly return your call). You may also contact the hospital administrator, Ed Amberg, at 1-406-693-7010.

**Visiting Information:** Visitation is between 9am and 8pm seven days a week. Visitors must check in at the front desk in the main hospital building. A receptionist will greet you and notify treatment staff of your arrival. You will be given a visiting permit which should be shown to staff upon request. Visits take place off of the living unit in order to ensure the privacy of all residents. New admissions and those at lower privilege levels can meet with their visitors in a unit meeting room. Those at higher privilege levels can meet with their visitors in the hospital rotunda, on campus grounds and sometimes even off grounds for short periods of time once the individual has stabilized. The hospital has visitor lodging that can be reserved for up to three nights at a time for only \$10 a night. Please reserve as early as possible as space is limited, contact a social worker or Vicki at 406-693-7203 to begin the process. Meal tickets can be purchased at the front desk if you choose to eat in the cafeteria while visiting. For those who are located at great distances from the hospital, video conferencing equipment will be made available for family visits upon request.

**Phone Calls:** Residents can make and receive phone calls between the hours of 7:30am and 10:00pm on a daily basis. Collect calls to the hospital are not allowed; however, people can place collect calls. Individuals can be reached by calling the switchboard at 1-406-693-7000 and asking for the "patient phone on (Unit Name)". When the second phone rings you can then ask for the individual by their first name and last initial. There are also pay phones on each unit that can be called into directly. They are as follows; A Wing- 1-406-693-9917, B Wing- 1-406-693-9945, E Wing- 1-406-693-9948, and Spratt- 1-406-693-9950

**Mail:** Individuals have access to letter writing materials and postage. Incoming mail can be sent to:

Name - Unit

Montana State Hospital  
P.O. Box 300  
Warm Springs, MT 59756

**Gifts:** Gifts are allowed to be given in person or by mail but must be opened and inventoried with a staff member so the items can be added to the personal possession list and items that need

to go to the safe can be deposited. Any items that could be used to cause harm are not allowed. Suggested possible ideas include: comfortable clothes, blanket/pillow from home, individual music player with headphones, small hand held games, magazines, books, movies, pictures, pre-paid phone cards, a list of family/friends contact information, money for the canteen, personal hygiene items such as a razor, shaving cream, electric razor, shampoo, soap, lotion, toothbrush, toothpaste, feminine hygiene products, or make-up without glass or mirrors. The hospital provides personal hygiene items but many people prefer to use their own products.

**Patient Accounts:** Each hospitalized individual has an account established (similar to a bank account) that their money is deposited into for safe keeping and from which they can withdraw their allotted weekly spending money of \$35.

**A day at the hospital:** Each treatment unit has their own daily schedule so it's difficult to even generalize what a day at the hospital would look like. Individuals take from their hospital stay what they put into it. Being open to new ideas, participating in groups and accepting change are fundamental to success. Therapeutic activities occur daily from as early as 8:00am until as late as 9:00pm. At a minimum, individuals have two activities a day but most have four or more. Some people have individual therapy sessions, some have jobs on the unit, some are members of our resident council, and some aren't well enough to participate yet. Each day is scheduled to meet the individual's needs.

**Discharge Planning:** Discharge planning begins within several days of entering treatment. The social worker prepares an initial discharge plan with the individual which will become the basis of future discharge plans. By Montana law, a discharge plan must be in place before any one can be released from the hospital and enter the community. The discharge plans must include, where the person will be living after discharge, the mental health provider they will receive follow-up care through in the community, and what resources will be in place for them to support themselves and pay for their medical needs. The hospital must also send out a letter to the committing court a minimum of 5 days prior to a discharge.

**For additional information:** Please visit the hospital website at [www.msh.mt.gov](http://www.msh.mt.gov). If you have any questions that were not answered within this book, you need more information or just want to talk please contact Vicki at 406-693-7203.

**Thank you to the family members who contributed ideas during the creation of this handbook!**